

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026823

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 319 Primary Registration District No. 6078 Registrar's No. 30

FILED JUN 20 1963

VS 300
Rev. 4/59

1 0950

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>STE GENEVIEVE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE GENEVIEVE</u> | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>JACKSON TOWNSHIP</u> | | c. CITY OR TOWN <u>FESTUS, Mo.</u> | |
| c. FULL NAME OF (if NOT in hospital, give location), HOSPITAL OR INSTITUTION <u>R.R. #1, FESTUS, Mo.</u> | | d. STREET ADDRESS (if outside, give location) <u>R.R. #1</u> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>NORVELL LEE McCARTY</u> | | 4. DATE OF DEATH Month Day Year <u>JUNE 14, 1963</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>1-11-08</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u> | 9. AGE (last birthday) <u>55</u> |
| 11a. FATHER'S NAME <u>LEE McCARTY</u> | | 11b. MOTHER'S MAIDEN NAME <u>NELIA E. FRAZIER</u> | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> |
| 13a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>NO</u> | | 14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u> | |
| 15. SOCIAL SECURITY NO. <u>NO</u> | | 17. INFORMANT <u>ROSSIE D. KEITH</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PRESUMED TO BE OF NATURAL CAUSES - CORONER OF STE.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>GENEVIEVE COUNTY NOTIFIED. AMENDED</u> DUE TO (c) _____ | | 16. ADDRESS <u>R.R. #1 FESTUS, Mo.</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ | |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>George F. Wood Local Registrar</u> | | 22b. ADDRESS <u>St. Charles, Missouri</u> | |
| 22c. DATE SIGNED <u>6-15-63</u> | | 22d. LOCATION (City, town, or county) <u>R.R. #3 FESTUS, MISSOURI</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 23b. DATE <u>6-17-63</u> | 23c. NAME OF CEMETERY OR <u>CHARTER</u> | |
| 24. FUNERAL DIRECTOR <u>James R. Cady</u> | | 25. DATE RECD. BY LOCAL REG. <u>15 June 1963</u> | |
| 26. REGISTRAR'S SIGNATURE <u>George F. Wood</u> | | | |

USE BLACK INK
OR
TYPEWRITER RIBBON

6961 52 1111

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James Richard Cady
Licensed Embalmer No. 4309

P. O. Address Crystal City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.